

The Jean Hailes *Foundation* *for women's health*



Fact Sheet

Menopause – Oestrogen-Only Therapy

Women generally experience menopause between the ages of 45 and 55 years. Around the time of menopause some women may experience symptoms such as hot flushes, sweats, anxiety, dry vagina, loss of libido, irritability, headaches, poor memory, poor concentration, dizzy spells, and muscle/joint pains. Whilst education and lifestyle changes are important treatment approaches, many of these symptoms may respond to oestrogen therapy.

The following advice does not apply to 'bio-identical' lozenge or compounded hormone products which remain unregulated and inadequately researched.

Types of hormone (replacement) therapy (HRT)

- Women who have not had a hysterectomy are advised to take combined hormone (replacement) therapy (HRT) which contains oestrogen plus progestogen. This is because progestogen protects against the development of cancer of the endometrium (lining of the uterus).
- Women who do not have a uterus because they have had a hysterectomy should be prescribed HRT which contains oestrogen only.
- Young women who have had both of their ovaries and uterus removed may have oestrogen alone or may consider additional testosterone therapy. If the ovaries and uterus were removed because of endometriosis, both oestrogen and progestogen may sometimes be prescribed to avoid reactivating the endometriosis.
- Women who experience vaginal dryness, itchiness or painful intercourse may benefit from vaginal oestrogen treatment.

How the oestrogen-only hormones are taken

- Oestrogen is available as tablets, patches, gels or as an implant under the skin.
- Tablets are often used and are acceptable to most women.
- Women who have problems with absorption of tablets may respond better to non-tablet forms such as a patch, gel or implant.
- A benefit of using the non-tablet forms is the avoidance of effects on the liver. This may be beneficial for women with liver disorders or who have nausea with tablet therapy, and for women with high triglyceride levels (one of the fats tested with cholesterol). It may also lower the risk for deep venous thrombosis (DVT).

The benefits of HRT

- By reducing menopausal symptoms, oestrogen can improve concentration and quality of life.
- Oestrogen reduces the risk of post-menopausal bone fracture, including hip fracture. Oestrogen increases bone density.

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- Oestrogen may improve mild depression symptoms; however moderate to severe depression will require other therapies apart from hormones.

Side effects of oestrogen-only HRT

- Common side effects, which are usually temporary, include breast enlargement, tenderness and nausea.
- Some women associate oestrogen use with weight gain; however studies show that oestrogen does not cause weight gain. Women going through menopause have a tendency to gain weight due to their body's metabolic changes and a less active lifestyle.

The risks of oestrogen-only HRT

- All drug therapies have potential side effects. Every medication needs to be used for a reason.
- Breast cancer is an important risk factor to consider when using HRT. Other risk factors for breast cancer are family history in a close relative, increasing age, obesity, late or no pregnancies, and moderate alcohol consumption. Early onset of periods or late menopause (over the age of 55) which increase lifetime exposure to oestrogen, are also associated with increasing risk of breast cancer.
- Studies indicate that the risk of breast cancer does not increase in women who have taken oestrogen alone for up to six and a half years. Presently there are no studies published on the effect of oestrogen on breast cancer risk beyond seven years; however community studies have shown that breast cancer risk may increase after 15 years of use.
- Women who experience menopause at a younger age (under 40 years) have a lower risk of breast cancer and any effect of using HRT is unknown. Current recommendation is to use HRT until the age that a woman would usually experience menopause (51 years).
- The Women's Health Initiative (WHI) study conducted in the United States investigated the effect of conjugated equine oestrogens on the risk of chronic disease in women who had had a hysterectomy. A small increase in stroke was reported. However there was no increased risk or benefit in heart disease.
- The use of oral oestrogen is associated with an increased risk of blood clots, particularly as women age.
- In older women, the use of oestrogen is associated with increased risk of gallbladder disease.

Managing the risks

- Women considering oestrogen use are recommended to have a pre-treatment breast check and mammogram. Regular examinations and mammograms are essential.
- A decision to use oestrogen should be reviewed annually by the woman in consultation with her doctor. Personal benefits versus risk should be discussed.
- Oestrogen should not be used to protect against heart attack and stroke.
- If significant menopausal symptoms are present short-term use of oestrogen is recommended. Use of the lowest dose that relieves symptoms should be considered.
- Women who do not have symptoms but require treatment to reduce their risk of osteoporosis should consult a physician to discuss all treatment alternatives.
- If a woman using oestrogen develops symptoms suggesting a DVT (a clot in the leg) she should seek medical attention promptly.
- If you are anticipating a period of prolonged immobilisation (e.g. undergoing major surgery or going on long haul flights or other travel over six hours) which can increase your risk of developing blood clots, please talk to your doctor.

**This fact sheet has been developed by the Australasian Menopause Society
in partnership with The Jean Hailes Foundation for Women's Health
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This fact sheet is designed to be informative and educational.
It is not intended to provide specific medical advice or replace advice from your health practitioner.

health tips

Enjoy a wide variety of nutritious foods, by eating plenty of vegetables, legumes, fruit and wholegrain cereals. Include lean meat, fish, poultry and/or alternatives.

Try to include fish 3–5 times a week (this can include canned fish, such as salmon, sardines and tuna).

Take time out just for you.

Make pelvic floor exercises a life-long habit — even if you have no symptoms.

Be active on most, or all, days of the week: you don't have to do a 30 minute walk, 3x10 minutes is just as good!

3 serves of dairy each day for good bone health.